STATE OF MAINE

SUPERIOR COURT			DISTRICT COURT	
Docket No	, ss	Location Docket No		
STATE OF MAINE /				
VS			RELIMINARY MOTION FOR ASSIGNMENT OF COUNSEL, AFFIDAVIT AND RELEASE	
Defendan	t/Juvenile			
		MOTION & AFFIDAVIT		
Name of person whose fina	ncial information appears on t	at public expense, based on the foll his affidavit:		
Date of Birth	Home Phone	Cell Phone	Work Phone	
Income: Salary and wages (gross pa AND numbers of hours wo Source of income/employer ☐ Unemployment ☐ Socia	y) \$OR ho rkedper \(\subseteq \text{ week } \subseteq \text{ t} ris: \(\subseteq \text{Employer } (name & adalon \) I Security \(\supseteq \text{TANF } \supseteq \text{Alimor} \)	urly wage \$ biweekly \(\text{month} \(\text{other} \) tress) ny/child support \(\text{Other} \)	o	
If unemployed, last date em	iployed and	d last place of employment		
☐ Cash on hand \$Property worth more than \$	250 (include property owned o	$_$ □ Money owed to me \$ $_$ alone or with any other person): \Box	House \$ (amt. owed on house \$ (boat, ATV, snowmobile, etc.)	_)
Expenses (Monthly)	_	_	_	
☐ Mortgage \$	☐ Child Support \$ ☐ Credit Card \$	Utilities \$	☐ Food\$	
☐ Rent \$	Cell Phone \$		☐ Heat \$ ☐ Other \$	
I live □ alone □ with anoth □ That person shares my l I acknowledge that disnumber may be used to fa	ber) children who ☐ live with her who is my☐ spouse ☐ frie iving expenses and contributes sclosure of my Social Security cilitate the collection of mon-		k □ bi-weekly □ month □ other Ider 36 M.R.S. §5276-A. My Social Security according as a result of having had an attorney assigned	
represent me ii it is later de		er Disclosure Required on sep		
and the answers to the que and agree that further inve continuing obligation, pers changes in my employment	thes the above information to stions are true. I understand t stigation may be conducted, onally and through counsel, or other financial circumstance.	support the request for assignment hat any false answers on this form if necessary, to verify the informato report to the court and/or to the	of counsel. I have read the above form, I understand may subject me to criminal prosecution. I underst tion I have provided. I also understand that I have Maine Commission on Indigent Legal Services	and ve a
Date:		_	Signature of Applicant Subscribed and sworn to before me.	
			Notary, Clerk, Attorney, Judge/Justice	
☐ Motion Granted ☐ Attor ☐ Motion Granted: Applica \$ ANY FIRST-PARTY BAII Attorney This ORDER may be revier	per week month biv Maine Commiss MAY BE APPLIED TO OF is a wed and revised at any time ba	endant/Juvenile pplicant shall pay toward attorney's veekly other:u sion on Indigent Legal Services to d FSET COUNSEL FEES assigned to represent Defendant/Juv ased on new or different information	s fees as follows: p to a total of \$, starting etermine rate of reimbursement. renile.	
	YES NO			
Date:		Page 1 of 1	Judge/Justice	